Did You Know?
According to the U.S. Bureau of Labor Statistics, healthcare hiring fell about 2% for the first time in a decade.

Medicare May Disclose Physician Payments

The Department of Health and Human Services (HHS) announced that they will begin responding to requests under the Freedom of Information Act (FOIA) for physician payment data. Once banned as an invasion of privacy, a federal judge in Florida ruled last year that the public interest in disclosing the information to detect trends in healthcare utilization and fraud trumps the physicians’ right to privacy. HHS will begin conducting balancing tests and the outcome will determine how they respond to the FOIA requests. They are committed to protecting the privacy of Medicare beneficiaries, however.

In the name of greater transparency, Medicare has also released Medicare charge data for both inpatient and outpatient procedures from last year, as well as information on hospital spending and quality of care. The information can be viewed at www.healthdata.gov.

AMA president, Dr. Ardis Dee Hoven, commented, “the disclosure of payment data from government healthcare programs must be balanced against the confidentiality and personal privacy interests of physicians and patients who may be unfairly impacted by disclosures.”

BC/BS Partner in UK

The Blue Cross and Blue Shield Association has partnered with Bupa from the United Kingdom to form the world’s largest network for international insurance clients. Bupa has agreed to purchase 49% of the BC/BS Highway to Health, a company that sells global insurance plans under the GeoBlue product line.

The newly created network will service 190 countries and include over 11,500 hospitals and 750,000 medical providers.

Blue Cross and Blue Shield Association’s senior vice president and chief strategy officer, Maureen Sullivan, said, “the products should be attractive to businesses with employees working in foreign countries, tourists traveling abroad for extended periods and students studying abroad.”
Gadolinium Toxicity Found in Brains of Repeat MRI Patients

In a Japanese study published in the journal *Radiology*, researchers found a toxic affect of repeated contrast-enhanced MRIs of the brain performed with the contrast agent Gd-CM. The researchers found hyperintensity of Gd-CM in the dentate nucleus (DN) and globus pallidus (GP), two specific areas of the brains of patients with a history of multiple studies. Hyperintensity in the DN has been linked with multiple sclerosis and with hepatic dysfunction, and other disorders, when found in the GP.

There are two types of Gd-CM, macrocyclic and linear. The study only looked at the linear chemical configuration. Researchers compared unenhanced T1-weighted MRIs of 19 patients who had 6 or more contrast-enhanced brain MRIs with 16 patients who had had 6 or fewer studies. Lead researcher, Tomonori Kanda, MD, PhD said, “Because gadolinium has a high signal intensity in the body, our data may suggest that the toxic gadolinium component remains in the body even in patients with normal renal function.”

Coding and Compliance Tips by Lori Shore, CPC,RCC

Radiological Supervision and Interpretation (RS&I) is exactly what it sounds like. It is when the radiologist is present in the procedure room to supervise the procedure and also issue a written interpretation. Many codes in the radiology section of the CPT book have the RS&I designation and are used for component coded studies. The issue with these codes arises when the radiologist is NOT present to supervise the procedure but issues the interpretation. In this scenario the code must be reported with the modifier 52 for reduced level of service. The Centers for Medicare and Medicaid Services (CMS) has an edit that will automatically reject a claim with a modifier 52 for additional documentation. This delays adjudication of the claim while a report is faxed to the carrier. Generally the payment is then reduced by 50%.

A common study where the aforementioned scenario is seen is ERCPs. The national fee schedule allowed amount for Medicare is $36.54. By not supervising the procedure the payment is reduced by half to $18.27. Depending on the volume in your practice, not supervising the procedure could prove to be costly in the long run.